

### Washington State Health Care Authority

## Public Employees Benefits Board

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October 17, 2003

TO: Benefits Office of University of Washington, Washington State University,

Western Washington University, and Central Washington University

FROM: Susanne Ames, Budget and Rates Manager

Finance and Budget Office

SUBJECT: Fiscal Year 2004 PEBB Program Rates

The state agencies and higher education institutions total funding rate of \$504.89 will remain unchanged until July 1, 2004. However, based on new contracts with the health plans, the State and Higher Education employee monthly contributions will be changing effective January 1, 2004. The new contribution schedule was distributed as part of the open enrollment materials to all State and Higher Education employees. Complete open enrollment information is also available on the PEBB website.

The amount of the total funding rate, which is attributable to medical, dental, and life has changed. The medical, dental, life and long-term disability portions of the funding rate effective as of January 1, 2004 are shown below.

Medical	\$ 433.54
Dental	\$ 63.27
Life	\$ 5.38
LTD	\$ 2.70
Total	\$ 504.89

Domestic partner tax tables are also enclosed for your use. *Tables 1 and 2 breakout monthly employer share; Tables 3 - 7 breakout payroll portions for subscriber and domestic partners.* 

Please call Astrid Pearson at (360) 923-2810 if you have any questions.

SA:ap

### **Enclosures**

cc: Jayne Wallace

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# Composite Active Rates for STATE and HIGHER ED (Effective 01-01-2004) (for 1/1/04 through 6/30/04 only)

Final 2004 PEBB Bid Rates HCA Finance and Administration

	Jan 1, 2004		Employee Contributions*						Total Bas	e Rates With I	Employee Cont	ributions	
	June 30, 2004			S	Subscriber		Subscriber				Subscriber	Subscriber	
Plan Name	Base Rate	Sul	<u>bscriber</u>	<u>an</u>	d Spouse	and	d Child(ren)	<u>Fι</u>	ıll Family	<u>Subscriber</u>	and Spouse	and Child(ren)	Full Family
CHPWA	\$504.89	\$	41.00	\$	92.00	\$	72.00	\$	123.00	\$545.89	\$596.89	\$576.89	\$627.89
Group Health Cooperative of Puget Sound	\$504.89	\$	43.00	\$	96.00	\$	75.00	\$	128.00	\$547.89	\$600.89	\$579.89	\$632.89
Group Health Options Inc.	\$504.89	\$	61.00	\$	132.00	\$	106.00	\$	177.00	\$565.89	\$636.89	\$610.89	\$681.89
Kaiser Foundation Health Plan of the NW	\$504.89	\$	32.00	\$	75.00	\$	56.00	\$	99.00	\$536.89	\$579.89	\$560.89	\$603.89
PacifiCare of Washington, Inc	\$504.89	\$	80.00	\$	170.00	\$	140.00	\$	230.00	\$584.89	\$674.89	\$644.89	\$734.89
RegenceCare	\$504.89	\$	81.00	\$	172.00	\$	142.00	\$	232.00	\$585.89	\$676.89	\$646.89	\$736.89
Uniform Medical Plan PPO	\$504.89	\$	29.00	\$	68.00	\$	51.00	\$	90.00	\$533.89	\$572.89	\$555.89	\$594.89
UMP Neighborhood*	\$504.89	\$	19.00	\$	49.00	\$	34.00	\$	63.00	\$523.89	\$553.89	\$538.89	\$567.89

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<sup>\*</sup> Employee contributions effective January 1, 2004

### **PEBB Program for 2004**

### Additional Taxable Income for Non-Tax Qualified Domestic Partners

Table 1: Employer Share Medical and Dental

2004 Monthly State Premium Contribution for Medical and Dental for Active Employees

Additional Taxable Income for Non-Tax Qualified Dependents' coverage\*

	Coverage for DOMESTIC		Coverage for DOMESTIC PARTNER.
		' ' ' ' ' '	CHILD(REN)*
All Medical Plans	\$315	\$253	\$568

Table 2: Employer Share Dental Only

Sample chart for dental only enrollment-taxable amount for dependents

				Coverage for
		Coverage for		DOMESTIC
		DOMESTIC	Coverage for	PARTNER,
DEN <sup>-</sup>	TAL PLAN	PARTNER*	CHILD(REN)*	CHILD(REN)*
All De	ental Plans	\$35	\$35	\$70

## 2004 Monthly State Contribution for Medicare Retirees (monthly state subsidy)\*\* Additional taxable income for non-tax qualified domestic partners

Medical Supplement Plan E	\$49
Kaiser	\$100
PacifiCare	\$102
All other plans	\$102

<sup>\*</sup>Premiums displayed are rounded to the nearest dollar, consistent with IRS tax reporting

<sup>\*\*</sup>Retiree subsidy is limited to 50% of the total premium paid to the health plan by state law

State and Higher Education Active Employee Monthly Contributions (Deductions) For Non-Tax Qualified Spouses and Dependents (Same Sex Domestic Partners) Final 2004 PEBB Rates-HCA Finance and Administration

Table 3: Total Monthly Employee Contribution Owed for All Coverage (Pre-taxed and post-taxed combined)

			Sı	ubscriber	S	Subscriber		
Plan Name	Sul	bscriber	an	d Spouse	and	d Child(ren)	ı	Full Family
CHPWA	\$	41	\$	92	\$	72	\$	123
Group Health Cooperative of Puget Sound	\$	43	\$	96	\$	75	\$	128
Group Health Options Inc.	\$	61	\$	132	\$	106	\$	177
Kaiser Foundation Health Plan of the NW	\$	32	\$	75	\$	56	\$	99
PacifiCare of Washington, Inc	\$	80	\$	170	\$	140	\$	230
RegenceCare	\$	81	\$	172	\$	142	\$	232
Uniform Medical Plan PPO	\$	29	\$	68	\$	51	\$	90
Uniform Neighborhood	\$	19	\$	49	\$	34	\$	63

Table 4: Post-Tax Partner Share for "Subscriber and Spouse" Tier

Plan Name	scriber Spouse	Sul	bscriber		Partner
CHPWA	\$ 92	\$	41	\$	51
Group Health Cooperative of		·		·	
Puget Sound	\$ 96	\$	43	\$	53
Group Health Options Inc.	\$ 132	\$	61	\$	71
Kaiser Foundation Health Plan					
of the NW	\$ 75	\$	32	\$	43
PacifiCare of Washington, Inc	\$ 170	\$	80	\$	90
RegenceCare	\$ 172	\$	81	\$	91
Uniform Medical Plan PPO	\$ 68	\$	29	\$	39
Uniform Neighborhood	\$ 49	\$	19	\$	30

Table 5: Post Tax Partner Share for "Full Family" Tier

		Subscriber and	
Plan Name	Full Family	Child(ren)	Partner
CHPWA	\$123	\$72	\$51
Group Health Cooperative of Puget Sound	\$128	\$75	\$53
Group Health Options Inc.	\$177	\$106	\$71
Kaiser Foundation Health Plan			
of the NW	\$99	\$56	\$43
PacifiCare of Washington, Inc	\$230	\$140	\$90
RegenceCare	\$232	\$142	\$90

Table 6: Post Tax Partner and Child(ren) Share for "Full Family" Tier

Plan Name	Full Family	Subscriber	Partner and Child(ren)
CHPWA	\$123	\$41	\$82
Group Health Cooperative of			
Puget Sound	\$128	\$43	\$85
Group Health Options Inc.	\$177	\$61	\$116
Kaiser Foundation Health Plan			
of the NW	\$99	\$32	\$67
PacifiCare of Washington, Inc	\$230	\$80	\$150
RegenceCare	\$232	\$81	\$151
Uniform Medical Plan PPO	\$90	\$29	\$61
Uniform Neighborhood	\$63	\$19	\$44

Table 7: Monthly Pre-Tax Employee Contributions

	i		
	Subscriber		
	and		Employee's
Plan Name	Child(ren)	Subscriber	Children
CHPWA	\$72	\$41	\$31
Group Health Cooperative of			
Puget Sound	\$75	\$43	\$32
Group Health Options Inc.	\$106	\$61	\$45
Kaiser Foundation Health Plan			
of the NW	\$56	\$32	\$24
PacifiCare of Washington, Inc	\$140	\$80	\$60
RegenceCare	\$142	\$81	\$61

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Uniform Medical Plan PPO	\$90	\$51	\$39
Uniform Neighborhood	\$63	\$34	\$29

Uniform Medical Plan PPO	\$51	\$29	\$22
Uniform Neighborhood	\$34	\$19	\$15

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